MDS 3.0: The Mini-series
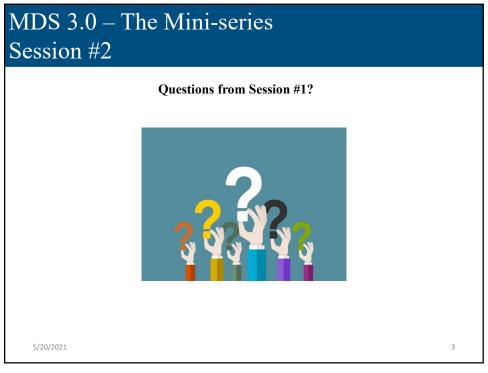# Session #2

Sue Pinette RN

February 2021

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MDS 3.0 – The Mini-series
Agenda

- Welcome
- Questions from Session #1
- RAI Manual, Chapters 4
- Section V
- RAI Manual, Chapters 5
- RAI Manual, Chapters 6 (PDPM)

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Session #2

Questions from Session #1?

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Chapter 4

RAI Manual Chapter 4
Care Area Assessment and Care Planning

This chapter provides information about the Care Area Assessments (CAAs), Care Area Triggers (CATs), and the process for care plan development for nursing home residents.

Regulations require facilities to complete, at a minimum and at regular intervals, a comprehensive, standardized assessment of each resident's functional capacity and needs, in relation to a number of specified areas (e.g., customary routine, vision, and continence). The results of the assessment, which must accurately reflect the resident's status and needs, are to be used to develop, review, and revise each resident's comprehensive plan of care.

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Section V

Section V: Care Area Assessment Summary
CAAs

Intent: The MDS does not constitute a comprehensive assessment. Rather, it is a preliminary assessment to identify potential resident problems, strengths, and preferences.   **… and CATS**

CAAs are not required for Medicare PPS assessments. They are required only for OBRA comprehensive assessments (Admission, Annual, Significant Change in Status, or Significant Correction of a Prior Comprehensive). However, when a Medicare PPS assessment is combined with an OBRA comprehensive assessment, the CAAs must be completed in order to meet the requirements of the OBRA comprehensive assessment.

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Section V

Table 1. Care Area Assessments in the Resident Assessment Instrument, Version 3.0

1. Delirium	2. Cognitive Loss/Dementia
3. Visual Function	4. Communication
5. Activity of Daily Living (ADL) Functional / Rehabilitation Potential	6. Urinary Incontinence and Indwelling Catheter
7. Psychosocial Well-Being	8. Mood State
9. Behavioral Symptoms	10. Activities
11. Falls	12. Nutritional Status
13. Feeding Tubes	14. Dehydration/Fluid Maintenance
15. Dental Care	16. Pressure Ulcer
17. Psychotropic Medication Use	18. Physical Restraints
19. Pain	20. Return to Community Referral

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Section V

Section V: Care Area Assessment Summary

V0100 Items from Most Recent Prior OBRA or PPS Assessment
- Reason for assessment (A0310A and/or A0310B)
- Prior ARD (A2300)
- Prior BIMS score (C0500)
- Prior PHQ-9 (C0300 or C0600)

V0200: CAAs and Care Planning

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Section V

Section V: Care Area Assessment Summary

V0200. CAAs and Care Planning

1. Check column A if Care Area is triggered.
2. For each triggered Care Area, indicate whether a new care plan, care plan revision, or continuation of current care plan is necessary to address the problem(s) identified in your assessment of the care area. The Care Planning Decision column must be completed within 7 days of completing the RAI (MDS and CAA(s)). Check column B if the triggered care area is addressed in the care plan.
3. Indicate in the Location and Date of CAA Documentation column where information related to the CAA can be found. CAA documentation should include information on the complicating factors, risks, and any referrals for this resident for this care area.

A. CAA Results

Care Area	A. Care Area Triggered	B. Care Planning Decision	Location and Date of CAA documentation
	↓ Check all that apply ↓		
01. Delirium	☐	☐	
02. Cognitive Loss/Dementia	☐	☐	
03. Visual Function	☐	☐	
04. Communication	☐	☐	
05. ADL Functional/Rehabilitation Potential	☐	☐	
06. Urinary Incontinence and Indwelling Catheter	☐	☐	
07. Psychosocial Well-Being	☐	☐	
08. Mood State	☐	☐	
09. Behavioral Symptoms	☐	☐	
10. Activities	☐	☐	
11. Falls	☐	☐	
12. Nutritional Status	☐	☐	

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Section V

3. VISUAL FUNCTION
Review of Indicators of Visual Function

✓	Diseases and conditions of the eye (diagnosis OR signs/symptoms present)	Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
☐	• Cataracts, Glaucoma, or Macular Degeneration (I6500)	
☐	• Diabetic retinopathy (I2900)	
☐	• Blindness (B1000 = 3 or 4)	
☐	• Decreased visual acuity (B1000, B1200 = 1)	
☐	• Visual field deficit (B1200 = 1)	
☐	• Eye pain (J0800)	
☐	• Blurred vision	
☐	• Double vision	
☐	• Sudden loss of vision	
☐	• Itching/burning eye	
☐	• Indications of eye infection (I8000)	

✓	Diseases and conditions that can cause visual disturbances	Supporting Documentation
☐	• Cerebrovascular accident or transient ischemic attack (I4500)	
☐	• Alzheimer's Disease and other dementias (I4200, I4800)	
☐	• Myasthenia gravis (I8000, clinical record)	
☐	• Multiple sclerosis (I5200)	
☐	• Cerebral palsy (I4400)	
☐	• Mood ((I5800, I5900, I5950, I6000, I6100, D0300 or D0600) or anxiety disorder (I5700)	
☐	• Traumatic brain injury (I5500)	
☐	• Other (I8000)	

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Section V

CMS's RAI Version 3.0 Manual   Appendix C: CAA Resources — 3. Visual Function

✓	Functional limitations related to vision problems (from clinical record, resident and staff interviews, direct observation)	Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
☐	• Peripheral vision or other visual problem that impedes ability to eat, walk, or interact with others (B1000 = 3, 4)	
☐	• Ability to recognize staff limited by vision problem (B1000 = 3, 4)	
☐	• Difficulty negotiating the environment due to vision problem (B1000 = 3, 4)	
☐	• Balance problems (G0300) exacerbated by vision problem (B1000, B1200)	
☐	• Participation in self-care limited by vision problem (B1000)	
☐	• Difficulty seeing television, reading material of interest, or participating in activities of interest because of vision problem (B1000 = 2, 3, 4)	
☐	• Increased risk for falls due to vision problems or due to bifocals or trifocals (B1200 = 1)	

✓	Environment	Supporting Documentation
☐	• Is resident's environment adapted to his or her unique needs, such as availability of large print books, high wattage reading lamp, night light, etc.?	
☐	• Are there aspects of the facility's environment that should be altered to enhance vision, such as low-glare floors, low glare tables and surfaces, large print signs marking rooms, etc.?	

✓	Medications that can impair vision (consultant pharmacist review of medication regimen can be very helpful)	Supporting Documentation
☐	• Opioids (N0410H)	
☐	• Antipsychotics (N0410A)	
☐	• Antidepressants (N0410C)	
☐	• Anticholinergics	
☐	• Hypnotics (N0410D)	
☐	• Other	

✓	Use of visual appliances (B1200)	Supporting Documentation
☐	• Reading glasses	
☐	• Distance glasses	
☐	• Contact lenses	
☐	• Magnifying glass	

CMS's RAI Version 3.0 Manual   Appendix C: CAA Resources — 3. Visual Function

Input from resident and/or family/representative regarding the care area. (Questions/Comments/Concerns/Preferences/Suggestions)

Analysis of Findings	Care Plan Y/N	Care Plan Considerations
Review indicators and supporting documentation, and draw conclusions. Document: • Description of the problem; • Causes and contributing factors; and • Risk factors related to the care area.		Document reason(s) care plan will/ will not be developed.

Referral(s) to another discipline(s) is warranted (to whom and why): _____

Information regarding the CAA transferred to the CAA Summary (Section V of the MDS): ☐ Yes ☐ No

Signature/Title:_____ Date:_____

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Chapter 5 Submission and Correction

5.1 Transmitting MDS Data

− Providers will submit the Optional State Assessment (OSA) records to the QIES ASAP system just as they submit all other MDS assessments. The OSA is not a Federally required assessment. Each State will determine if the OSA is required and when this assessment must be completed.

Maine will not require completion or submission of the Optional State Assessment (OSA).

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Chapter 5

5.2 Timeliness Criteria

− Submission Time Frame for MDS Records Table:

o Updated to include IPA under A0310B.

5.3 Validation Edits

− Fatal Record Error information updated:

o Fatal Record Errors result in rejection of individual records by the QIES ASAP system. The provider is informed of Fatal Record Errors on the Final Validation Report. Rejected records must be corrected and resubmitted, unless the Fatal Error is due to submission of a duplicate assessment.

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Chapter 5

5.4 Additional Medicare Submission Requirements That Impact Billing Under the SNF PPS

− HIPPS Code information updated.

− The HIPPS code consists of five positions.

    1. Physical Therapy/Occupational Therapy (PT/OT) Payment Group.

    2. Speech Language Pathology (SLP) Payment Group.

    3. Nursing Payment Group.

    4. Non-Therapy Ancillary (NTA) Payment Group.

    5. Assessment Indicator (AI) code indicating which type of assessment was completed. .

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Chapter 5

5.7 Correcting Errors in MDS Records That Have Been Accepted Into the QIES ASAP System

− Facilities should correct any errors necessary to ensure that the information in the QIES ASAP system accurately reflects the resident's identification, location, overall clinical status, or payment status. A correction can be submitted for any accepted record within 2 years of the target date of the record for facilities that are still open. If a facility is terminated, then corrections must be submitted within 2 years of the facility termination date. A record may be corrected even if subsequent records have been accepted for the resident.

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Chapter 6

RAI Manual Chapter 6
Medicare Skilled Nursing Facility
Prospective Payment System (SNF PPS)

6.2 Using the MDS in the Medicare Prospective Payment System

6.3 Patient Driven Payment Model (PDPM)

6.4 Relationship between the Assessment and the Claim

6.5 SNF PPS Eligibility Criteria

6.6 PDPM Calculation Worksheet for SNFs

6.7 SNF PPS Policies

6.8 Non-compliance with the SNF PPS Assessment Schedule

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PDPM

Patient Driven Payment Model (PDPM)

▪ Patient-Driven Payment Model (PDPM) finalized for October 1st 2019
▪ Removes therapy minutes as a determinant of payment
▪ Creates payment model that is linked to the unique clinical characteristics
   for each resident
▪ Incorporates nursing clinical needs in each resident
▪ Relies heavily on correct ICD-10-CM codes for reimbursement
▪ Creates a separate component for Non-Therapy Ancillary Services (NTA)

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PDPM

5 major PDPM payment categories

PDPM consists of five case-mix adjusted components, all based on data-driven, stakeholder-vetted patient/resident characteristics:

− Physical Therapy (PT).
− Occupational Therapy (OT).
− Speech Language Pathology (SLP).
− Non - Therapy Ancillary (NTA).
− Nursing.

PDPM also includes a "variable per diem adjustment" that adjusts the per diem rate over the course of the stay.

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PDPM

By addressing each of a patient's unique needs independently, PDPM improves payment accuracy and encourages a more resident-driven and holistic care model.

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PDPM

The PPS Assessment Schedule under PDPM

Medicare MDS assessment schedule type	Assessment reference date	Applicable standard Medicare payment days
5-day Scheduled PPS Assessment	Days 1-8	All covered Part A days until Part A discharge (unless an IPA is completed).
Interim Payment Assessment (IPA)	Optional Assessment	ARD of the assessment through Part A discharge (unless another IPA assessment is completed).
PPS Discharge Assessment	PPS Discharge: Equal to the End Date of the Most Recent Medicare Stay (A2400C) or End Date	N/A.

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PDPM

• Under PDPM, there is a combined limit both concurrent and group therapy to be no more than 25 percent of the therapy received by SNF patients/residents, for each therapy discipline.

• Compliance with the concurrent/group therapy limit will be monitored by new items on the PPS Discharge Assessment:

− Providers will report the number of minutes, per mode and per discipline, for the entirety of the PPS stay.

− If the total number of concurrent and group minutes, combined, comprises more than 25 percent of the total therapy minutes provided to the patient/resident, for any therapy discipline, then the provider will receive a warning message on their final validation report.

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PDPM

- Example 1:
  − Total PT Individual Minutes (O0425C1): 2,000.
  − Total PT Concurrent Minutes (O0425C2): 600.
  − Total PT Group Minutes (O0425C3): 1,000.

- Does this comply with the concurrent/group therapy limit?
  − Step 1: Total PT Minutes (O0425C1 + O0425C2 + O0425C3): 3,600.
  − Step 2: Total PT Concurrent and Group Therapy Minutes
    (O0425C2 +O0425C3): 1,600.
  − Step 3: C/G Ratio (Step 2 result/Step 1 result): 0.44
  − Step 4: 0.44 is greater than 0.25, therefore this is non - compliant.

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PDPM

Interrupted Stay

If a patient/resident is discharged from a SNF and readmitted to the same SNF no later than 11:59 p.m. of the third consecutive calendar day after having left Part A coverage, then the subsequent stay is considered a continuation of the previous stay:

− Three - day window referred to as the "interruption window."

An interrupted stay has an effect on the patient's/resident's assessment schedule and variable per diem schedule.

− Assessment schedule continues from the point just prior to discharge.

− Variable per diem schedule continues from the point just prior to discharge.

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PDPM

Example 1: Patient/Resident C is admitted to the swing bed on 11/07/19, admitted to a hospital on 11/20/19 and returns to the same facility on 11/22/19.

− Continuation of previous stay.

− Assessment schedule: No PPS assessments required, IPA optional.

− Variable Per Diem: Continues from Day 14 (Day of Discharge).

Example 2: Patient/Resident A is admitted to the swing bed on 11/07/19, admitted to the hospital on 11/20/19 and returns to the same facility on 11/25/19.

− New stay.

− Assessment schedule: Reset; stay begins with a new 5 - day assessment.

− Variable Per Diem: Reset: stay begins on Day 1 of the VPD schedule.

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PDPM

Every Medicare Part A and OBRA Admission is classified into **each** component

PDPM Components - Summary

PT	OT	SLP	NSG	NTA
• Total of 16 different clinical categories • Each has associated CMI • Categories based on primary reason for admission, functional score, and surgery • Rate adjustment applies	• Total of 16 different clinical categories • Each has associated CMI • Categories based on Primary reason for admission, functional score, and surgery • Rate adjustment applies	• Total of 12 different categories • Each has associated CMI • Categories based on neurological condition, comorbidities and cognitive impairment, mechanically altered diet and swallow disorder	• Total of 25 different clinical categories • Similar to RUG-IV nursing categories • Consolidated levels • Includes resident diagnoses, treatments, other characteristics	• Point system • 6 NTA point ranges • Each range has assoc. CMI value • NTA based on over 50 different MDS items and 1 claim item

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PDPM

Presumption of Coverage Under PDPM

PDPM Presumption of Coverage (Must meet 1 of the following):
- NSG: Ext. Services, Special Care High, Special Care Low, Clinically Complex;
- PT/OT Groups: TA, TB, TC, TD, TE, TF, TG, TJ, TK, TN, or TO;
- SLP Groups: SC, SE, SF, SH, SI, SJ, SK and SL;
- NTA component of 12+

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PDPM

PT	PT Base Rate	✖	PT CMI	✖	VPD Adjustment Factor
OT	OT Base Rate	✖	OT CMI	✖	VPD Adjustment Factor
SLP	SLP Base Rate	✖	SLP CMI		
NTA	NTA Base Rate	✖	NTA CMI	✖	VPD Adjustment Factor
Nursing	Nursing Base Rate	✖	Nursing CMI	✖	18% Nursing Adjustment Factor (Only for Patients with AIDS)
Non-Case-Mix	Non-Case-Mix Base Rate				

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MDS 3.0 – The Mini-Series
PDPM – PT and OT

PT and OT Components

Day in Stay	Adjustment Factor	Day in Stay	Adjustment Factor
1-20	1.00	63-69	0.86
21-27	0.98	70-76	0.84
28-34	0.96	77-83	0.82
35-41	0.94	84-90	0.80
42-48	0.92	91-97	0.78
49-55	0.90	98-100	0.76
56-62	0.88		

NTA Component

Day in Stay	Adjustment Factor
1-3	3.00
4-100	1.00

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PDPM: PT and OT

	Responses	Score
05, 06	Set-up assistance, Independent	4
04	Supervision or touching assistance	3
03	Partial/moderate assistance	2
02	Substantial/maximal assistance	1
01, 07, 09, 88, 10	Dependent, Refused, N/A, Not Attempted, Missing	0

Note: Higher score = Less assistance

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MDS 3.0 – The Mini-Series
PDPM: PT and OT

PT/OT Functional Score

- Derived from 10 items in Section GG
  - Total points 0 – 24
  - 3 items from Section GG0130

Functional Score Range

	Functional Score Range
A. Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident.	**0- 4**
B. Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.	**0- 4**
C. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.	**0- 4**

AND…

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MDS 3.0 – The Mini-Series
PDPM: PT and OT

PT/OT Functional Score

- Derived from 10 items in Section GG
  - 7 items from Section GG0170

Functional Score Range

	Functional Score Range
B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed. **C. Lying to sitting on side of bed:** The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.	**0- 4** (avg of the 2)
D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed. **E. Chair/bed-to-chair transfer:** The ability to transfer to and from a bed to a chair (or wheelchair). **F. Toilet transfer:** The ability to get on and off a toilet or commode.	**0- 4** (avg of the 3)
J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns. **K. Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.	**0- 4** (avg of the 2)

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MDS 3.0 – The Mini-Series
PDPM: PT and OT

PT/OT Function Score - Example

			Score
0 5	A. **Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident.		4
0 5	B. **Oral hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.		4
0 3	C. **Toileting hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.		2
0 3	B. **Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.	(2 + 2 = 4)/2 =2	2
0 3	C. **Lying to sitting on side of bed:** The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.		
0 3	D. **Sit to stand:** The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.	(2 + 2+ 2 = 6)/3 =2	2
0 3	E. **Chair/bed-to-chair transfer:** The ability to transfer to and from a bed to a chair (or wheelchair).		
0 3	F. **Toilet transfer:** The ability to get on and off a toilet or commode.		
0 2	J. **Walk 50 feet with two turns:** Once standing, the ability to walk at least 50 feet and make two turns.	(1 + 0 = 1)/2 =.5	.5
8 8	K. **Walk 150 feet:** Once standing, the ability to walk at least 150 feet in a corridor or similar space.		

Total Functional Score =   **15**

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MDS 3.0 – The Mini-Series
PDPM: PT and OT

PT/OT Key MDS Items – I0020B

Section I   **Active Diagnoses**

I0020. Indicate the resident's primary medical condition category
Complete only if A0310B = 01 or 08

Indicate the resident's primary medical condition category that best describes the primary reason for admission

Enter Code
01. Stroke
02. Non-Traumatic Brain Dysfunction
03. Traumatic Brain Dysfunction
04. Non-Traumatic Spinal Cord Dysfunction
05. Traumatic Spinal Cord Dysfunction
06. Progressive Neurological Conditions
07. Other Neurological Conditions
08. Amputation
09. Hip and Knee Replacement
10. Fractures and Other Multiple Trauma
11. Other Orthopedic Conditions
12. Debility, Cardiorespiratory Conditions
13. Medically Complex Conditions

I0020B. ICD

I0020B. ICD Code

- Used to determine PT, OT, and SLP CMG
- Represents primary condition that describes reason for admission to SNF stay
- Watch for "Return to Provider" codes
- This, along with select items J2100, J2300- J5000, will determine Clinical Category.

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MDS 3.0 – The Mini-Series
PDPM: PT and OT

Primary Diagnosis Clinical Categories	PT/OT Clinical Categories
Major Joint Replacement or Spinal Surgery	Major Joint Replacement or Spinal Surgery
Acute Neurologic	Non-Orthopedic Surgery and Acute Neurological
Non-Orthopedic Surgery	
Non-Surgical Orthopedic/Musculoskeletal	Other Orthopedic
Orthopedic - Surgical Extremities Not Major Joint	
Medical Management	Medical Management
Cancer	
Pulmonary	
Cardiovascular & Coagulations	
Acute Infections	

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MDS 3.0 – The Mini-Series
PDPM: PT and OT

Clinical Category	Section GG Function Score	PT OT Case-Mix Group	PT Case-Mix Index	OT Case-Mix Index
Major Joint Replacement or Spinal Surgery	0-5	TA	1.53	1.49
	6-9	TB	1.69	1.63
	10-23	TC	1.88	1.68
	24	TD	1.92	1.53
Other Orthopedic	0-5	TE	1.42	1.41
	6-9	TF	1.61	1.59
	10-23	TG	1.67	1.64
	24	TH	1.16	1.15

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MDS 3.0 – The Mini-Series
PDPM: PT and OT

Clinical Category	Section GG Function Score	PT OT CMG	PT Case-Mix Index	OT Case-Mix Index
Medical Management	0-5	TI	1.13	1.18
	6-9	TJ	1.42	1.45
	10-23	TK	1.52	1.54
	24	TL	1.09	1.11
Non-Orthopedic Surgery and Acute Neurologic	0-5	TM	1.27	1.30
	6-9	TN	1.48	1.50
	10-23	TO	1.55	1.55
	24	TP	1.08	1.09

*Updated based on SNF PPS Proposed Rule FY2020

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MDS 3.0 – The Mini-Series
PDPM: SLP

SLP Component – Key Items

SLP CMGs
- Total of 12 CMGs
- Qualifiers
  - Primary reason for admission – I0020B
    - Determines if Acute Neurological vs. Non-neurological
  - Comorbidities (various MDS items)
  - Cognitive Status (BIMS or CPS)
  - Swallowing problem (K0100A – D)
  - Mechanically altered diet (K0510C2)

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MDS 3.0 – The Mini-Series
PDPM: SLP

SLP Clinical Categories

Primary Diagnosis Clinical Categories	SLP Clinical Category
Major Joint Replacement or Spinal Surgery	Non-neurological
Acute Neurologic	**Acute Neurological**
Non-Orthopedic Surgery	Non-neurological
Non-Surgical Orthopedic/Musculoskeletal	Non-neurological
Orthopedic - Surgical Extremities Not Major Joint	Non-neurological
Medical Management	Non-neurological
Cancer	Non-neurological
Pulmonary	Non-neurological
Cardiovascular & Coagulations	Non-neurological
Acute Infections	Non-neurological

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PDPM: SLP

SLP-Related Comorbidities

Specific MDS Item	I8000
Aphasia (I4300)	Laryngeal Cancer
CVA, TIA, or Stroke (I4500)	Apraxia
Hemiplegia/Hemiparesis (I4900)	Dysphagia
Traumatic Brain Injury (I5500)	ALS
Tracheostomy Care (while a resident) (O0100E2)	Oral Cancers
Ventilator or Respirator (while a resident) (O0100F2)	Speech and Language Deficits

Only need 1 co-morbidity to qualify!

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PDPM: SLP

SLP Clinical Mapping

I0020B. ICD Code

Mapping: PDPM Clinical Categories to ICD-10 Diagnosis Codes for FY2(
Overview

ICD-10-CM Code	Description	Default Clinical Category	Resident Had a Major Procedure during the Prior Inpatient Stay that Impacts the SNF Care Plan?
A0100	Typhoid fever, unspecified	Acute Neurologic	
A0221	Salmonella meningitis	Acute Neurologic	
A066	Amebic brain abscess	Acute Neurologic	
A390	Meningococcal meningitis	Acute Neurologic	
A3981	Meningococcal encephalitis	Acute Neurologic	
A3982	Meningococcal retrobulbar neuritis	Acute Neurologic	
A5044	Late congenital syphilitic optic nerve atrophy	Acute Neurologic	
A5214	Late syphilitic encephalitis	Acute Neurologic	
A800	Acute paralytic poliomyelitis, vaccine-associated	Acute Neurologic	
A801	Acute paralytic poliomyelitis, wild virus, imported	Acute Neurologic	
A802	Acute paralytic poliomyelitis, wild virus, indigenous	Acute Neurologic	
A8030	Acute paralytic poliomyelitis, unspecified	Acute Neurologic	
A8039	Other acute paralytic poliomyelitis	Acute Neurologic	
A804	Acute nonparalytic poliomyelitis	Acute Neurologic	
A809	Acute poliomyelitis, unspecified	Acute Neurologic	
A811	Subacute sclerosing panencephalitis	Acute Neurologic	
A812	Progressive multifocal leukoencephalopathy	Acute Neurologic	
A820	Sylvatic rabies	Acute Neurologic	
A821	Urban rabies	Acute Neurologic	
A829	Rabies, unspecified	Acute Neurologic	

Sort
Ascending   Descending
By color: None
Filter
By color: None
Equals   Acute Neuro
And   Or
Choose One
Search
(Select All)
Acute Infections
☑ Acute Neurologic
Cancer
Cardiovascular and Coagulations
Major Joint Replacement or Spin
Medical Management
Clear Filter

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MDS 3.0 – The Mini-Series
PDPM: SLP

Cognition levels based on BIMS and/or CPS score

Cognitive Level	BIMS Score	CPS Score
1. Cognitively Intact	13-15	0
2. Mildly Impaired	8-12	1-2
3. Moderately Impaired	0-7	3-4
4. Severely Impaired	-	5-6

*Information on CPS can be found in the PDPM Classification Worksheet for SNFs.

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MDS 3.0 – The Mini-Series
PDPM: SLP

Presence of Acute Neurologic Condition, SLP-Related Comorbidity, or Cognitive Impairment	Mechanically Altered Diet or Swallowing Disorder	Case-Mix Group	Case-Mix Index
None	Neither	SA	0.68
None	Either	SB	1.82
None	Both	SC	2.67
Any one	Neither	SD	1.46
Any one	Either	SE	2.34
Any one	Both	SF	2.98
Any two	Neither	SG	2.04
Any two	Either	SH	2.86
Any two	Both	SI	3.53
Any three	Neither	SJ	2.99
Any three	Either	SK	3.70
Any three	Both	SL	4.21

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MDS 3.0 – The Mini-Series
PDPM: SLP

SLP Case Study: Meet Mrs. May

78 year-old female
BIMS = 8
Stroke: right sided hemiplegia
Aphasia
On thickened liquids
Observations of coughing while eating
SLP referral/evaluation completed

Q: Neurological vs. non-neurological?
A: Neurological
Q: Comorbidities
A: Yes, aphasia, stroke, hemiplegia
Q: Impaired Cognition?
A: Yes, mildly impaired

Q: Swallowing Disorder?
A: Yes, coughing
Q: Mechanically altered diet?
A: Yes, thickened liquids

I69351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side	Acute Neurologic

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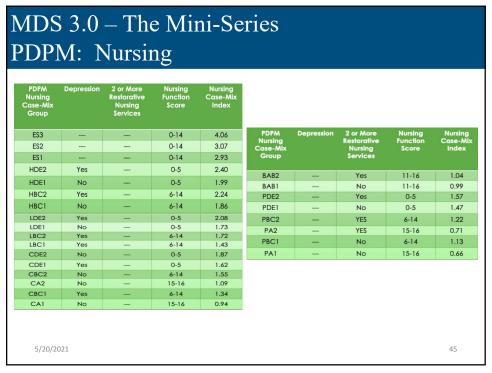
42

MDS 3.0 – The Mini-Series
PDPM: SLP

Presence of Acute Neurologic Condition, SLP-Related Comorbidity, or Cognitive Impairment	Mechanically Altered Diet or Swallowing Disorder	Case-Mix Group	Case-Mix Index
None	Neither	SA	0.68
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Any two	Neither	SG	2.04
Any two	Either	SH	2.86
Any two	Both	SI	3.53
Any three	Neither	SJ	2.99
Any three	Either	SK	3.70
Any three	Both	SL	4.21

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MDS 3.0 – The Mini-Series
PDPM: Nursing
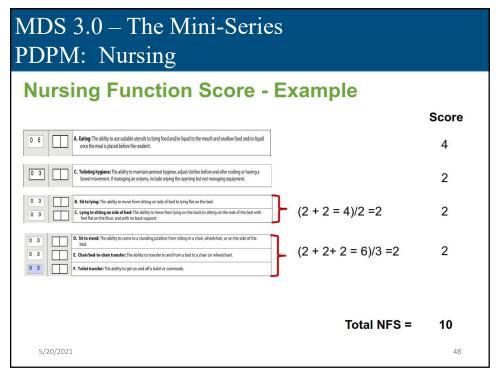
Nursing CMGs Overview

- Adapted from RUG-IV system
- Consolidated to 25 nursing case mix groups (CMGs)
- 6 main nursing clinical categories
    - Extensive Services (3)
    - Special Care High (4)
    - Special Care Low (4)
    - Clinically Complex (6)
    - Behavior Symptoms/Cognitive Performance (2)
    - Reduced Physical Function (6)
- Utilizes a Nursing Function Score (NFS)
    - Differs from PT/OT Function Score
- Utilizes a hierarchical method of assigning CMGs

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MDS 3.0 – The Mini-Series
PDPM: Nursing

PDPM Nursing Case-Mix Group	Depression	2 or More Restorative Nursing Services	Nursing Function Score	Nursing Case-Mix Index
ES3	---	---	0-14	4.06
ES2	---	---	0-14	3.07
ES1	---	---	0-14	2.93
HDE2	Yes	---	0-5	2.40
HDE1	No	---	0-5	1.99
HBC2	Yes	---	6-14	2.24
HBC1	No	---	6-14	1.86
LDE2	Yes	---	0-5	2.08
LDE1	No	---	0-5	1.73
LBC2	Yes	---	6-14	1.72
LBC1	Yes	---	6-14	1.43
CDE2	No	---	0-5	1.87
CDE1	Yes	---	0-5	1.62
CBC2	No	---	6-14	1.55
CA2	No	---	15-16	1.09
CBC1	Yes	---	6-14	1.34
CA1	No	---	15-16	0.94

PDPM Nursing Case-Mix Group	Depression	2 or More Restorative Nursing Services	Nursing Function Score	Nursing Case-Mix Index
BAB2	---	Yes	11-16	1.04
BAB1	---	No	11-16	0.99
PDE2	---	Yes	0-5	1.57
PDE1	---	No	0-5	1.47
PBC2	---	YES	6-14	1.22
PA2	---	YES	15-16	0.71
PBC1	---	No	6-14	1.13
PA1	---	No	15-16	0.66

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MDS 3.0 – The Mini-Series
PDPM: Nursing Function Score

- Derived from 7 items in Section GG
  - Total points 0 – 16
  - 2 items from Section GG0130

Function Score Range

A. **Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident.	**0- 4**
C. **Toileting hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.	**0- 4**

- 5 items from Section GG0170

B. **Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed. C. **Lying to sitting on side of bed:** The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.	**0- 4** (avg of the 2)
D. **Sit to stand:** The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed. E. **Chair/bed-to-chair transfer:** The ability to transfer to and from a bed to a chair (or wheelchair). F. **Toilet transfer:** The ability to get on and off a toilet or commode.	**0- 4** (avg of the 3)

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MDS 3.0 – The Mini-Series
PDPM: Nursing

	Responses	Score
05, 06	Set-up assistance, Independent	4
04	Supervision or touching assistance	3
03	Partial/moderate assistance	2
02	Substantial/maximal assistance	1
01, 07, 09, 88, 10	Dependent, Refused, N/A, Not Attempted, Missing	0

Note: Higher score = Less assistance

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MDS 3.0 – The Mini-Series
PDPM: Nursing

Nursing Function Score - Example

Score

0 5 — A. **Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident. — 4

0 3 — C. **Toileting hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment. — 2

0 3 — B. **Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
0 3 — C. **Lying to sitting on side of bed:** The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
$(2 + 2 = 4)/2 = 2$ — 2

0 3 — D. **Sit to stand:** The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
0 3 — E. **Chair/bed-to-chair transfer:** The ability to transfer to and from a bed to a chair (or wheelchair).
0 3 — F. **Toilet transfer:** The ability to get on and off a toilet or commode.
$(2 + 2 + 2 = 6)/3 = 2$ — 2

Total NFS =   **10**

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MDS 3.0 – The Mini-Series
PDPM: Nursing

Extensive Services

- Same 3 MDS qualifiers
  - Tracheostomy care*
  - Ventilator/Respirator*
  - Isolation or quarantine*

Nursing Function Score
  - **Must be ≤14**
  - If function score >14, then qualifies for Clinically Complex

*while a resident

Extensive Service Conditions	PDPM Nursing Classification
Tracheostomy care* **and** ventilator/respirator*	ES3
Tracheostomy care* **or** ventilator/respirator*	ES2
Isolation or quarantine for active infectious disease * **without** tracheostomy care* **without** ventilator/respirator*	ES1

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MDS 3.0 – The Mini-Series
PDPM: Nursing

Depression

Based on PHQ-9© (D0300) or PHQ-9-OV© (D0600) Total Severity Score

- If D0300 is ≥ 10 but not 99
- If D0600 is ≥ 10

- Impacts
  - Special Care High
  - Special Care Low
  - Clinically Complex

Depression – Financial Impact

CMG	CMI	Total Rate	Difference
HDE2	2.40	$255.94	
HDE1	1.99	$212.21	$43.72
HBC2	2.24	$238.87	
HBC1	1.86	$198.35	$40.52
LDE2	2.08	$221.81	
LDE1	1.73	$184.49	$37.32
LBC2	1.72	$183.42	
LBC1	1.43	$152.50	$30.93
CDE2	1.87	$199.42	
CDE1	1.62	$172.76	$26.66
CBC2	1.55	$165.29	
CBC1	1.34	$142.90	$22.39
CA2	10.9	$116.24	
CA1	0.94	$100.24	$16.00

FY2020 Unadjusted urban rates

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MDS 3.0 – The Mini-Series
PDPM: Nursing

Special Care High

Nursing Function Score must be ≤14; if greater than 14 then qualifies for Clinically Complex

MDS Item	Condition or Service
B0100	Comatose (completely dependent)
I2100	Septicemia

K2900, N0350A, B	Diabetes with **both** of the following:
	   Insulin injections (N0350A) for 7 days
	   Insulin order changes on 2 or more days (N0350B)

I5100	Quadriplegia (NFS ≤ 11)
I6200, J1100C	COPD and shortness of breath when lying flat

J1550A, others	Fever **and** one of the following:
	   I2000 Pneumonia
	   J1550B Vomiting
	   K0300 Weight Loss (1 or 2)
	   K0510B1 or K0510B2 Feeding tube w/minimum requirement

K0510A1 or K0510A2	Parenteral/IV Feedings
O0400D2	Respiratory therapy for all 7 days

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MDS 3.0 – The Mini-Series
PDPM: Nursing

Special Care Low

Nursing Function Score must be ≤14; if greater than 14 then qualifies for Clinically Complex

MDS Item	Condition or Service
I4400	Cerebral Palsy (NFS ≤ 11)
I5200	Multiple Sclerosis (NFS ≤ 11)
I5300	Parkinson's disease (NFS ≤ 11)
I6300, O0100C2	Respiratory failure; Oxygen while a resident
K0510B1 or K0510B2	Feeding tube w/ minimum requirements
M0300B1	2 or more stage 2 pressure ulcers with 2 or more skin treatments
M0300C1, D1, F1	Any stage 3 or 4 pressure ulcer with 2 or more skin treatments
M1030	2 or more venous/arterial ulcers with 2 or more skin treatmnets
M0300B1, M1030	1 stage 2 ulcer and 1 venous/areterial ulcer with 2 or more skin treatments
M1040A, B, C; M1200I	Foot infection, diabetic foot ulcers or other open lesion of the foot with application of dressings to the feet
O0100B2	Radiation while a resident
O0100J2	Dialysis while a resident

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MDS 3.0 – The Mini-Series
PDPM: Nursing

Clinically Complex

MDS Item	Condition or Service
I2000	Pneumonia
I4900	Hemiplegia/hemiparesis (NFS ≤ 11)
M1040D, E	Surgical wouds or open lesions with any skin treatment or sugical wounds
O0100A2	Chemotherapy while a resident
O0100C2	Oxygen while a resident
O0100H2	IV medications while a resident
O0100I2	Transfusions while a resident

Skin Treatments:
- M1200F, Surgical wound care
- M1200G, Application of nonsurgical dressing (other than to feet)
- M1200H, Application of ointments/medications (other than to feet)

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MDS 3.0 – The Mini-Series
PDPM: Nursing

Restorative Nursing

Impacts
- Behavior Symptoms/Cognitive Performance
- Reduced Physical Function

- Must have 2 or more restorative programs
- Each must be delivered for 15 or more minutes for 6 of the last 7 days.

Restorative Programs
H0200C, H0500 Urinary/Bowel toileting program**
O0500A, B PROM/AROM**
O0500C Splint/brace assistance
O0500D, F Bed mobility and walking training**
O0500E Transfer training
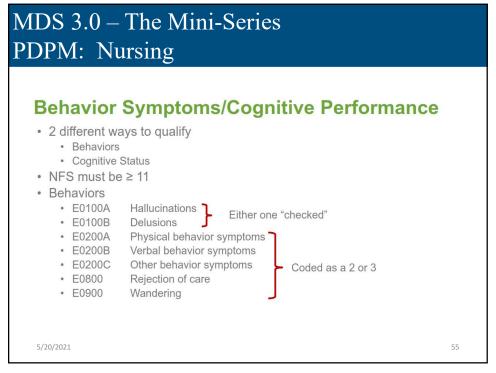O0500G Dressing/grooming training
O0500H Eating/swallowing training
O0500I Amputation/prostheses care
O0500J Communication training

** Counts as 1 program even if both provided

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MDS 3.0 – The Mini-Series
PDPM: Nursing

Behavior Symptoms/Cognitive Performance

- 2 different ways to qualify
  - Behaviors
  - Cognitive Status
- NFS must be ≥ 11
- Behaviors
  - E0100A   Hallucinations ⎫
  - E0100B   Delusions   ⎬ Either one "checked"
  - E0200A   Physical behavior symptoms ⎫
  - E0200B   Verbal behavior symptoms   ⎪
  - E0200C   Other behavior symptoms   ⎬ Coded as a 2 or 3
  - E0800   Rejection of care   ⎪
  - E0900   Wandering   ⎭

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MDS 3.0 – The Mini-Series
PDPM: Nursing

Behavior Symptoms/Cognitive Performance

Cognition BIMS

BIMS Summary score must be ≤9.

Staff Assessment (must meet 1 of the 3 conditions):
1. Comatose
2. Daily decision making (C1000= 3)
3. Two or more of the following:
   - B0700 > 0 usually, sometimes or rarely understood
   - C0700 = 1 Short term memory
   - C1000>0 Daily decision making
   And
   One or more of the following:
   - B0700 ≥ 2
   - C1000 ≥ 2

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MDS 3.0 – The Mini-Series
PDPM: Nursing

Reduced Physical Function

Residents who do not meet the conditions of any of the previous categories, including those who would meet the criteria for the Behavioral Symptoms and Cognitive Performance category but have a PDPM Nursing Function Score less than 11, are placed in this category.

Nursing Function Score	Restorative Nursing Count	PDPM Nursing Classification
0-5	2 or more	PDE2
0-5	0 or 1	PDE1
6-14	2 or more	PBC2
15-16	2 or more	PA2
6-14	0 or 1	PBC1
15-16	0 or 1	PA1

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MDS 3.0 – The Mini-Series
PDPM: Non-Therapy Ancillaries (NTA)

What Are Non-Therapy Ancillaries (NTAs)?

Non-Therapy Ancillaries
- Medical resources and supplies needed to care for a resident
- Excludes skilled therapy services
- Most common
  - Pharmaceuticals
  - Medical supplies
  - Laboratory services
  - Respiratory therapy
- Widely believed RUG-IV system did not adequately account for NTAs

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MDS 3.0 – The Mini-Series
PDPM: Non-Therapy Ancillaries (NTA)

NTA Case Mix Groups (CMGs)

- Based on NTA score
- 6 different CMG levels
- Points based on 50 items
  - 49 from MDS
    - I8000 = 27
    - MDS specific items = 22
  - 1 from Medicare claim
- Each item has an associated NTA point value
  - Value range: 1 - 8

NTA Score Range	NTA Case-Mix Group
12+	NA
9-11	NB
6-8	NC
3-5	ND
1-2	NE
0	NF

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MDS 3.0 – The Mini-Series
PDPM: Non-Therapy Ancillaries (NTA)
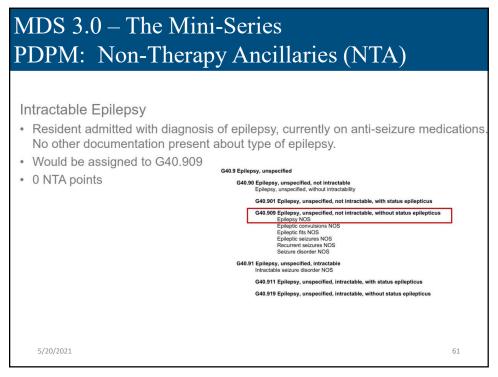
HIV/AIDS NTA

- Only NTA that is not MDS based.
- HIV/AIDS PDPM impact:
  - 18% add-on rate to nursing component
  - Has a point value of 8 for NTAs
  - Highest score of all NTA items

- Must use ICD-10-CM code B20 on claim
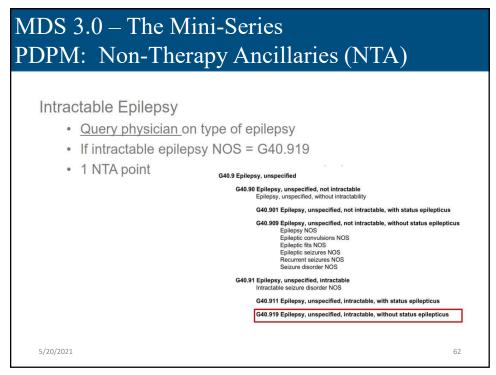 - Does NOT need to be principal diagnosis

B20

- Currently16 states prohibit reporting of HIV/AIDS on MDS:
  - Alabama
  - Alaska
  - California
  - Colorado
  - Connecticut
  - Idaho
  - Illinois
  - Massachusetts
  - Nevada
  - New Hampshire
  - New Jersey
  - New Mexico
  - South Carolina
  - Texas
  - Washington
  - West Virginia

(CMS, 2019)

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MDS 3.0 – The Mini-Series
PDPM: Non-Therapy Ancillaries (NTA)

Intractable Epilepsy
- Resident admitted with diagnosis of epilepsy, currently on anti-seizure medications. No other documentation present about type of epilepsy.
- Would be assigned to G40.909
- 0 NTA points

G40.9 Epilepsy, unspecified

G40.90 Epilepsy, unspecified, not intractable
Epilepsy, unspecified, without intractability

G40.901 Epilepsy, unspecified, not intractable, with status epilepticus

G40.909 Epilepsy, unspecified, not intractable, without status epilepticus
Epilepsy NOS
Epileptic convulsions NOS
Epileptic fits NOS
Epileptic seizures NOS
Recurrent seizures NOS
Seizure disorder NOS

G40.91 Epilepsy, unspecified, intractable
Intractable seizure disorder NOS

G40.911 Epilepsy, unspecified, intractable, with status epilepticus

G40.919 Epilepsy, unspecified, intractable, without status epilepticus

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MDS 3.0 – The Mini-Series
PDPM: Non-Therapy Ancillaries (NTA)

Intractable Epilepsy
- Query physician on type of epilepsy
- If intractable epilepsy NOS = G40.919
- 1 NTA point

G40.9 Epilepsy, unspecified

G40.90 Epilepsy, unspecified, not intractable
Epilepsy, unspecified, without intractability

G40.901 Epilepsy, unspecified, not intractable, with status epilepticus

G40.909 Epilepsy, unspecified, not intractable, without status epilepticus
Epilepsy NOS
Epileptic convulsions NOS
Epileptic fits NOS
Epileptic seizures NOS
Recurrent seizures NOS
Seizure disorder NOS

G40.91 Epilepsy, unspecified, intractable
Intractable seizure disorder NOS

G40.911 Epilepsy, unspecified, intractable, with status epilepticus

G40.919 Epilepsy, unspecified, intractable, without status epilepticus

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MDS 3.0 – The Mini-Series
PDPM: Non-Therapy Ancillaries (NTA)

NTA CMG Rate Differences

NTA Points	NTA CMG	NTA CMI	Base Rate	Total Rate	Difference/ CMG
12+	NA	3.24	80.45	$260.66	
9 - 11	NB	2.53	80.45	$203.54	$57.12
6 - 8	NC	1.84	80.45	$148.03	$55.51
3 - 5	ND	1.33	80.45	$107.00	$41.03
1 - 2	NE	0.96	80.45	$77.23	$29.77
0	NF	0.72	80.45	$57.92	$19.31

Based on FY 2020 Proposed Rates - Urban

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MDS 3.0 – The Mini-Series
PDPM: Non-Therapy Ancillaries (NTA)

NTA Considerations

- Accurate ICD-10-CM coding is essential.
  - Need to have good understanding of coding guidelines
- BUY an ICD-10-CM manual annually.
  - Improve accuracy over free online coding sites.
  - Online coding sites often don't include the "notes" needed to code accurately.
- Remember providers diagnose! Query the provider if more detail needed or unsure of diagnosis.
- Need good supportive documentation (including hospital records)
  - This most likely will be a focus area for audits.
- Consider updating referral/admission paperwork to include NTA items.
  - For example: Transplant? Yes/No   If yes, type of transplant

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MDS 3.0 – The Mini-Series
PDPM: ICD-10

ICD-10 Knowledge

- ICD-10 Codes, entered in I8000, impact all of the following:
    - PT/OT Component
    - SLP Component
    - NTA Component
- Need to shore up knowledge related to Official Coding Guidelines and ICD-10 code assignment.
- Z codes CAN and SHOULD be used as a Principal Diagnosis when appropriate.
    - Many are not appropriate as Principal as they would not indicate a need for inpatient SNF services.

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MDS 3.0 – The Mini-Series
PDPM: Assessment Indicator (AI)

PDPM HIPPS Coding Crosswalk

- Assessment Indicator Crosswalk

HIPPS Character	Assessment Type
0	IPA
1	PPS 5-day
6	OBRA Assessment (not coded as a PPS Assessment)

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MDS 3.0 – The Mini-Series
PDPM: Assessment Indicator (AI)

PDPM HIPPS Coding: Default Billing

- As under RUG-IV, there may be instances in which providers may bill the "default" rate on a SNF claim (e.g., when an MDS assessment is considered late).
  - The default rate refers to the lowest possible per diem rate.

- The default code under PDPM is ZZZZZ, as compared to the default code under RUG-IV of AAA00.

- Billing the default code under PDPM represents the equivalent of billing the following PDPM groups:
  - PT Payment Group: TP
  - OT Payment Group: TP
  - SLP Payment Group: SA
  - Nursing Payment Group: PA1
  - NTA Payment Group: NF

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MDS 3.0 – The Mini-Series
PDPM: IPA

Interim Payment Assessment (IPA)

OPTIONAL ASSESSMENT!!!
- May be completed at facility's discretion when change in clinical status (and financial!)
- No set criteria for its completion
- Completion of IPA does not reset VPD payment adjustments
- Would use cautiously
  - May impact all 5 case-mix adjusted CMGs
  - While some may increase, some may also decrease
  - Need to look at overall net result

B. **PPS Assessment**
   PPS Scheduled Assessment for a Medicare Part A Stay
   01. **5-day** scheduled assessment
   PPS Unscheduled Assessment for a Medicare Part A Stay
   08. **IPA** - Interim Payment Assessment
   Not PPS Assessment
   99. **None of the above**

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MDS 3.0 – The Mini-Series
PDPM: IPA

Interim Payment Assessment (IPA)

OPTIONAL ASSESSMENT!!!

- ARD may be set for any day after the ARD of SNF PPS 5-day
- Must be completed within 14-days of ARD
- Authorizes payment for remainder of SNF Part A stay
- Payment begins on ARD
- May **NOT** be combined with ANY other assessment
- Recommend running changes through PDPM grouper before completion

B. PPS Assessment
   PPS Scheduled Assessment for a Medicare Part A Stay
   01. **5-day** scheduled assessment
   PPS Unscheduled Assessment for a Medicare Part A Stay
   08. **IPA** - Interim Payment Assessment
   Not PPS Assessment
   99. **None of the above**

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MDS 3.0 – The Mini-series
Session #2

Questions?

Forum call for Nursing Facilities
1st Thursday of the month in February, May, August and November, 1:00-2:00

Call the MDS Help Desk to register!

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MDS 3.0 – The Mini-series
Session #2

Just a quick reminder!

Reminders!

- This completes *Session 2* of the MDS 3.0 training. Thank you for attending.
- Ask questions!
- Ask more question!!
- Use your resources (other MDS coordinators, case mix staff, MDS Help Desk, Forum Calls etc.)
- Attend training as often as you need.

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MDS 3.0 – The Mini-series
Session #1

Contact Information:

- **MDS Help Desk**: 624-4095 <u>or</u> toll-free: 1-844-288-1612
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Training Portal: www.maine.gov/dhhs/dlrs/mds/training/

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Questions?

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